FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See ins	Office use only			
NAME OF COMMITTEE (in	full) (Check if nar is changed)	me Example: If typying, type over the lines	12FE4M5		
Bachus for Co	ongress Committee				
ADDRESS (number and	P.O. Box 13113	4			
(Check if add	ress	<u> </u>			
is changed)	Birmingham		AL 35213 -		
OOMMITTEE'O E MA	# ADDD500	CITY▲	STATE▲ ZIP CODE ▲		
COMMITTEE'S E-MA	ncerbachus.com				
	PAGE ARRESON (URL)				
	PAGE ADDRESS (URL)				
www.spence					
COMMITTEE'S FAX 205.591.8681	NUMBER				
2. DATE M 0 1	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
3. FEC IDENTIFICA	ATION NUMBER	C C00260547			
4. IS THIS STATEM	MENT NEW (N)	OR X AMENDED (A)			
I certify that I have exam	ined this Statement and to the best of	my knowledge and belief it is true, correc	t and complete		
Type or Print Name of	Treasurer Randy Dem	psey			
Signature of Treasure	r Electronically Filed by Rand	ly Dempsey	Date 02 / D B / Y Y Y Y Y		
NOTE: Submission of fa	·	ion may subject the person signing this S	Statement to the penalties of 2 U.S.C. S437g. D WITHIN 10 DAYS		
Office Use Only		For further informatic Federal Election Comm Toll Free 800-424-953	nission FEC FORM 1		

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5.	TYPE OF COMMITTEE (Check One)										
	(a) X	This committe	This committee is a principal campaign committee. (Complete the candidate information below.)								
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)								
	Name of Candidate										
	Candidate Party Affilia	tion		Office Sought:	X	House	Senate	Preside	State nt District	AL 06	
	(c)	This committee	e supports/c	opposes only	one candid	ate, and is NO	OT an authoriz	ed committee.			
	Name of Candidate										
	(d)	This committee	e is a			onal, State ubordinate) co	mmittee of the		(Democratic, Republican,etc.)	Party.	
	(e) This committee is a separate segregated fund										
	(f)	This committee committee.	e supports/c	opposes more	than one F	⁼ ederal candid	date, and is NO	OT a separate segre	gated fund or party		
3.	Name of A	ny Connected Or	ganization	or Affiliated	Committe	ee					
L											
										, , l	
	Mailing Add	ress	1	1 1 1 1	1 1 1 1	1 1 1 1			1 1 1 1 1 1 1		
	Maining / lac	1000									
								1 1 1	1 1		
					CITY			STATE A	ZIP CODE	\	
	Relationship										
	Type of Cor	nnected Organizati	on:								
Corporation				Corporation w/o Capital Stock			Labor Organization				
			ration				Cioon				
Membership Organization				Ш	Trade Association			Cooperative			

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Write or Type Committee	Name						
Bachus for Cong	ress Committee						
	ds: Identify by name nmittee books and red	e, address, (phone num cords.	ber optional), and po	osition of th	e person in		
Full Name	Full Name Michele Reisner						
Mailing Address		P.O. Box 131134					
		Birmingham		AL	35213 _		
Title or Position ♥		CITY A	ST	ATE ▲	ZIP COI	DE A	
boo	kkeeper		Telephone number	205	591 	8680	
Full Name of Treasurer Mailing Address	Randy Dempsey	P.O. Box 131134					
		Birmingham		<u> </u>	35213 _		
Title or Position ♥		CITY A		STATE▲		ZIP CODE A	
Trea	asurer		Telephone number	205	591 _	8680	
Full Name of Designated Agent	Joseph G. Dobbs, J	r.					
Mailing Address		P.O. Box 131134					
		Birmingham		AL	35213 _		
Title or Position ♥		CITY A		STATE A		ZIP CODE A	
Ass	Assistant Treasurer			205	591	8680	

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9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts safety deposit boxes or maintains funds.					
	Name of Bank, Depositor					
	Co	ompass Bank				
	Mailing Address	P.O. Box 1111				
		Birmingham AL	35111			

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷